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ATTACHED: - FEE SHEET (PTO/SB/17), in duplicate;
- PETITION FOR TWO MONTH EXTENSION, in duplicate; and
- RESPONSE (10 pages).

CUSTOMER NO.: 24498
Serial No.: 10/584,743
Docket No.: PD040001
Art Unit: 2628
Examiner: Maurice L. McDowell, Jr.

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 15

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PTO/SB/17 (01/06)

Approved for use through 07/31/2006, OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 710.00

Complete if Known

Application Number	10/584,743
Filing Date	June 26, 2006
First Named Inventor	Sebastien Weitbruch
Examiner Name	Maurice L. McDowell, Jr.
Art Unit	2628
Attorney Docket No.	PD040001

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METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order☐ None☐ Other (please identify):☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
14	- 20 or HP = 0	x \$52	= \$0

HP = highest number of total claims paid for, if greater than 20.

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	x \$220	= \$220.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR TWO MONTH EXTENSION - \$490.00

FEE FOR ADDITIONAL INDEPENDENT CLAIM: \$220.00

Fees Paid (\$)

\$710.00

SUBMITTED BY

Name (Print/Type)	JAMES MCKENZIE	Registration No. (Attorney/Agent)	51,146	Telephone	(609) 734-6811
Signature				February 26, 2009	

This collection of information is required by 37 CFR 1.103. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PAGE 2/15 * RCVD AT 2/26/2009 5:26:19 PM [Eastern Standard Time] * SVR:USPTO-EFXXF-6/4 * DNIS:2738300 * CSID:609 734 6888 * DURATION (mm-ss):02:48

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 for FY 2007

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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2. EXCESS CLAIM FEES

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Total Claims 14 - 20 or HP = 0 Extra Claims x Fee (\$52) = Fee Paid (\$0)

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Independent Claims 4 - 3 or HP = 1 Extra Claims x Fee (\$220) = Fee Paid (\$220.00)

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- 100 =	/ 50 =	(round up to a whole number) x	=	

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FEE FOR ADDITIONAL INDEPENDENT CLAIM: \$220.00

Fees Paid (\$)

\$710.00

SUBMITTED BY

Name (Print/Type)	JAMES MCKENZIE	Registration No. (Attorney/Agent)	51,146	Telephone	(809) 734-6811
Signature	February 26, 2009				

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